EXTREMELY LATE PRESENTATION OF RECURRENT RESPIRATORY-Eosophageal FISTULA

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Introduction:
Most esophageal atresias (EA) have an associated tracheo-oesophageal (TEF) or broncho-oesophageal fistula (BEF). Recurrent respiratory-oesophageal fistula (TEF or BEF) after the neonatal repair of congenital EA occurs in up to 9% of patients and mostly 1-18 months postoperatively.

Case Report:
-42 years old man in good general condition
-History: 1971, 12 days old; successful primary repair of EA+TEF (E-E) (UZG)
-uneventful recovery, follow-up until 8 years old, no problems
-asthma bronchiale, even bronchitis in winter
-2010: pneumonia right lower lobe (RLL)
-Present Complaints: dysphagia, GERD symptoms since 12/2013
-Investigation: esophagogastrroduodenoscopy
-Finding: esophagitis gr. B and esophageal fistula-opening at 30 cm
-Work-up: Upper GI Contrast Study, bronchoscopy, Chest CT: fistula to RLL
-Treatment: 3/2014: right thoracotomy, adhesiolysis, fistula from esophagus to RLL (fig. 1), division (figs. 2, 3), esophageal suture + wedge resection apex RLL (fig. 4), parietal pleura-muscle flap (fig. 5)
-Result: uneventful recovery now 7 months postoperatively

Operative findings and treatment:

Discussion:
-Respiratory-oesophageal fistulae (REF, TEF+BEF) are of benign or malignant origin.
Benign causes include trauma, caustic agents, inflammation or congenital anomalies.
-Congenital REF is classified into 4 types according to Braimbridge:
I: esophageal diverticulum with fistula at its tip; II: simple short tract running directly from esophagus to bronchus or trachea; III: fistula between esophagus and a cyst in the lobe; IV: fistula running into a sequestered segment or lobe. (Braimbridge 1965)
Congenital REF without EA may be discovered early or during adult life, mostly presenting with intermittent respiratory symptoms (cough, infections).
-Congenital BEF coexisting with EA+TEF has been described, and is usually diagnosed during EA repair, or postoperatively, due to symptoms, in infancy. (Anuntaseerere 2002)
-Recurent REF post EA+TEF repair occurs in 5-10%, mostly in infancy/early childhood.
Only one report was found describing rREF in an adult, 32y post EA+TEF repair. (Casey 2002)

Conclusion:
- second case report of recurrent REF post EA+TEF repair presenting in adult life
- longest rREF interval reported, 42 years post neonatal primary EA+TEF repair
- persisting respiratory/GERD-like symptoms post EA+TEF may indicate recurrent REF, at any age